

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATTI: Scott Jeffers WW Utilities Superintendent

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
NOTE: Read instructions before completing this form.

Form Approved,
OMB No. 2040-0004
Approval Expires 05-31-98

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OMB No. 2040-0004
Approval Expires 05-31-98

MONITORING PERIOD			
YR	MO	DAY	TO
2009	2	1	2009

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE		VALUE	VALUE	VALUE			
Turbidity	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****		Continuous	RCORDR
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****		Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	500	560	(26)	*****	*****	*****	0		
	PERMIT REQUIREMENT	1226	2452	lb/d	*****	*****	*****		Twice Per Month	COMP24
Effluent Gross	SAMPLE MEASUREMENT	560	*****	(26)	*****	*****	*****	0		
	PERMIT REQUIREMENT	1829	*****	lb/d	*****	*****	*****		Twice Per Month	COMP24
See Comments	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****		Weekdays	GRAB
Alkalinity, total (asCaCo3)	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****		Quarterly	COMP24
Effluent Gross	SAMPLE MEASUREMENT	556	587	(26)	*****	*****	*****	1		
	PERMIT REQUIREMENT	1226	2452	lb/d	*****	*****	*****		Twice Per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
WW Utilities Superintendent

DATE: 2009 03 09

TELEPHONE: 586-0393

AREA CODE: 907

PHONE NUMBER: 586-0393

YEAR: 2009

MO: 03

DAY: 09

COMMENTS AND EXPLANATION OF ANY VIOLATIONS
O = <15:1, P = >15:1 and <30:1, R = >30:1 (O, P, and R used Nov 4, May 31 & T Jun 1 - Oct 31, Q and S are never used *no chlorine*)

* Concerning violations-please see attached. The reporting period was from 02/01/2009 through 02/28/2009.

EPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM 3320-1 WHICH MAY NOT BE USED)

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AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2009	2	1	2009

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	VALUE	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	REQ. MON. MO AVG			REQ. MON. DAILY MX	VALUE	REQ. MON. MO AVG				
Solids, total suspended	SAMPLE	587		(26)	*****	31		(19)	0		Twice Per Month	COMP24
	PERMIT REQUIREMENT	1829	*****		*****	45	*****	19				
00530 W 0	SAMPLE	248		(26)	*****	14.0		(19)	0		Twice Per Month	COMP24
	PERMIT REQUIREMENT	1164	*****		*****	28.5	*****	19				
Nitrogen, ammonia total (as N)	SAMPLE	248		(26)	*****	60.0		(19)	0		Once Per Month	COMP24
	PERMIT REQUIREMENT	1963	*****		*****	60.0	*****	19				
Hardness, total (as CaCO3)	SAMPLE	*****		****	*****	NO TEST		(28)	0		Once Per Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	*****	19				
00900 1 6	SAMPLE	NO TEST		(26)	*****	NO TEST		(28)	0		Three Per Year	COMP24
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. DAILY MX	*****	28				
Effluent Gross	SAMPLE	NO TEST		(26)	*****	NO TEST		(28)	0		Three Per Year	COMP24
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	*****	28				
01079 1 0	SAMPLE	NO TEST		(26)	*****	NO TEST		(28)	0		Three Per Year	COMP24
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. DAILY MX	*****	28				
Zinc, total recoverable	SAMPLE	NO TEST		(26)	*****	NO TEST		(28)	0		Three Per Year	COMP24
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	*****	28				
01094 1 0	SAMPLE	NO TEST		(26)	*****	NO TEST		(28)	0		Three Per Year	COMP24
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. DAILY MX	*****	28				
Lead, total recoverable	SAMPLE	NO TEST		(26)	*****	NO TEST		(28)	0		Three Per Year	COMP24
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	*****	28				
01114 1 0	SAMPLE	0.50		(26)	*****	28.0		(28)	0		Three Per Year	COMP24
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. DAILY MX	*****	28				
Effluent Gross	SAMPLE	0.50		(26)	*****	28.0		(28)	0		Three Per Year	COMP24
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	*****	28				
Copper, total recoverable	SAMPLE	0.50		(26)	*****	28.0		(28)	0		Three Per Year	COMP24
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. DAILY MX	*****	28				
01119 1 0	SAMPLE	3.54		lb/d	*****	86.7		28			Once Per Month	COMP24
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	*****	28				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Scott Jeffers Deputy P.W. Director TYPED OR PRINTED												
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 												
COMMENT AND EXPLANATION OF ANY VIOLATIONS O= $<15:1$; P= $=15:1$ and $<30:1$; R= $=30:1$ (O,P and R used Nov 1-May 31 & T Jun 1 - Oct 31, Q and S are never used *no chlorine*)												
* Concerning violations-please see attached. The reporting period was from 02/01/2009 through 02/28/2009.												

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155 SOUTH SEWARD,
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FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Scott Jeffers WW Utilities Superintendent

MAJOR (SUB 01)
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EFFLUENT
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MONITORING PERIOD			
YEAR	MO	DAY	TO
2009	2	1	2009

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE				
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	(26)	*****	N/A	N/A	(28)	0		
	PERMIT REQUIREMENT	4.09	4.09	lb/d	*****	100	100			QUARTERLY	COMP24
50060 S 0	SAMPLE MEASUREMENT								0		
	PERMIT REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	ug/l			
Dilution factor	SAMPLE MEASUREMENT								0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	33.7	49.4	ug/l			
80093 1 0	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****		DAILY	MEASRD
Effluent Gross BOD,5-day, percent removal	SAMPLE MEASUREMENT								0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	87.6	*****	*****	(23)		
81010 K 0	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****	*****	*****	85	*****	*****	23	Once Per Month	CALCTD
Percent Removal	SAMPLE MEASUREMENT								1		
	PERMIT REQUIREMENT	*****	*****	*****	*****	82.7	*****	*****	(23)		
81011 K 0 0	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****	*****	*****	85	*****	*****	23	Once Per Month	CALCTD
Percent Removal	SAMPLE MEASUREMENT								0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	*****	%		
Chlorine usage	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	N/A	*****	(26)	*****	*****	*****	*****	0		
81400 X 0	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	*****	*****	*****	0	DAILY	MEASRD
Oil and grease visual	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	(93)		
84066 1 0	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Once Per Month	VISUAL
Effluent Gross Toxicity, Chronic	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	(26)		
TT000 1 8	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Semiannual	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Utilities Superintendent
Deputy P.W. Director

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Scott Jeffers
2009 03 09

1 certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENT AND EXPLANATION OF ANY VIOLATIONS
O=<15.1;P=>15.1; and <30.1; R=>30.1 (O,P, and R used Nov 1-May 31 & T Jun 1-Oct 31, Q and S are never used *no chlorine*)

* Concerning violations-please see any attached. The reporting period was from 02/01/2009 through 02/28/2009.

TELEPHONE AREA CODE PHONE NUMBER DATE
907 586-0393 2009 03 09

FORM 3320-1 (03-99) Previous editions may be used. (RFR) AETS EPA FORM T-40 WHICH MAY NOT BE USED. U043415901209 1904 PAGE 4 OF 5

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			28

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	UNITS			
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****		N/A	N/A	N/A	0	Once Every Week	GRAB
31615 S 9	PERMIT REQUIREMENT	*****	*****		400 WKL Y GEO	200 MO GEO	800000% DAILY MX	#/100ml (13)		
See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	N/A	N/A	N/A	0	Once Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****		800 WKL Y GEO	400 MO GEO	1200 DAILY MX	#/100ml		
31615 T 9	PERMIT REQUIREMENT	*****	*****	****						
See Comments										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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Signature: *Scott Jeffers*
Title: DEPUTY WW UTILITIES SUPERINTENDENT

Signature: *Scott Jeffers*
Title: PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE: 907
PHONE NUMBER: 586-0393
DATE: 2009 03 09

COMMENT AND EXPLANATION OF ANY VIOLATIONS
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EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

WEATHER				FLOWS				INFLUENT				EFFLUENT											
DAY	DATE	TEMP °F	RAIN FALL INCHES	SBR INFLUENT MGD	Mend River CFS	SBR TITL EFFL MGD	Receiving Water Division	SBR WASTE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	TEMP °C	pH	D.O. mg/L	TURBID. MAX NTU	S.S. mg/L	S.S. LBS	B	
SUN	1	35	0.18	2.42	575	2.42	154.5 /1	0.0338		7.1													
MON	2	35	0.12	2.35	184	2.35	51.6 /1	0.0473	9.0	7.1						12.0	6.6		12.4				
TUE	3	31	0.77	2.12	181	2.12	56.2 /1	0.0426	9.0	7.1						9.0	6.8						
WED	4	28	0.05	2.03	178	2.03	57.6 /1	0.0408	9.0	7.0	8.4	172	2826	207	3401	9.0	6.6	3.8	14.6	31.0	525		
THU	5	29	0.00	1.97	173	1.97	57.7 /1	0.0525	10.0	7.0						10.0	6.7		16.2				
FRI	6	32	1.04	2.26	181	2.26	52.7 /1	0.0708	9.0	7.1						9.0	6.6						
SAT	7	36	1.04	4.21	184	4.00	30.7 /1	0.0422															
SUN	8	32	0.37	2.98	180	2.75	43.3 /1	0.0235															
MON	9	31	0.21	2.49	177	2.32	50.3 /1	0.0334	8.0	7.1						8.0	6.8		11.0				
TUE	10	31	0.04	2.44	176	2.30	50.4 /1	0.0447	9.0	7.0						8.0	6.5		13.8				
WED	11	23	0.02	2.42	176	2.27	51.1 /1	0.0502	9.0	7.0		186	3521	240	4544	9.0	6.6		13.6	31.0	587		
THU	12	20	0.00	2.37	165	2.27	48.0 /1	0.0569	9.0	7.1						9.0	6.7		12.8				
FRI	13	17	0.00	2.17	157	2.11	49.1 /1	0.0501	8.0	7.3						9.0	6.7		12.7				
SAT	14	17	0.00	2.05	149	2.05	48.0 /1	0.0374															
SUN	15	20	0.01	1.98	134	1.98	44.7 /1	0.0327															
MON	16	28	0.01	1.99	114	1.99	38.0 /1	0.0451	9.0	6.8						9.0	7.2		12.6				
TUE	17	28	0.00	2.04	105	1.93	36.1 /1	0.0498	9.0	6.6						9.0	7.1		12.7				
WED	18	27	0.00	1.92	122	1.67	48.2 /1	0.0517	9.0	7.1						9.0	6.5		12.5				
THU	19	25	0.00	1.91	120	1.70	46.6 /1	0.0533	9.0	7.3						10.0	6.5		12.7				
FRI	20	30	0.00	1.92	116	1.71	44.8 /1	0.0483	9.0	7.2						10.0	6.6		12.4				
SAT	21	32	0.00	1.92	109	1.72	41.9 /1	0.0488															
SUN	22	32	0.00	1.96	118	1.67	46.6 /1	0.0375															
MON	23	27	0.00	1.85	89	1.67	35.4 /1	0.0522	9.0	7.3						10.0	6.7		14.0				
TUE	24	25	0.00	1.94	82	1.67	32.7 /1	0.0439	8.0	7.2						9.0	6.7		13.6				
WED	25	24	0.00	1.89	107	1.71	41.4 /1	0.0518	9.0	7.1						9.0	6.7		13.0				
THU	26	20	0.02	1.89	105	1.67	41.6 /1	0.0561	8.0	7.1						9.0	6.6		12.7				
FRI	27	24	0.01	1.90	103	1.62	42.1 /1	0.0535	9.0	7.3						9.0	6.7		11.2				
SAT	28	22	0.00	1.89	103	1.66	41.1 /1	0.0553															
TOTAL				61.28		57.59		1.3062															
MAXIMUM		36	1.04	4.21	575	4.00	93.9 /1	0.0708	10.0	7.3	8.4	186	3521	240	4544	12.0	7.2	3.8	16.2	31.0	587		
MINIMUM		17	0.00	1.85	82	1.62	33.7 /1	0.0235	8.0	6.6	8.4	179	3174	224	3972	8.0	6.5	3.8	11.0	31.0	525		
AVERAGE		27	0.14	2.19		2.06	49.4 /1	0.0467	8.9	7.1	8.4					9.3	6.7	3.8	13.0	31.0	556		

COMMENTS:

* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

February 2008	
Hid. mg/l	60.0
Alk. mg/l	NO TEST
D.O. mg/l	3.8
Turb. NTU	16.2
Tox. TU.	NO TEST

February 2008		
Copper	28.00	0.495
Lead	NO TEST	NO TEST
Silver	NO TEST	NO TEST
Zinc	NO TEST	NO TEST
NH3 mg/L	14.00	247.53

WEEK	WEEKLY AVERAGE		WEEKLY AVERAGE	WEEKLY AVERAGE	WEEKLY AVERAGE	WEEKLY AVERAGE
	BOD mg/l	TSS lbs				
1	26.0	440	31.0	525		
2	29.6	560	31.0	587		
3						
4						
AVG	27.8	500	31.0	556		
MAX	29.6	560	31.0	587		